Prior Authorization Criteria for Off-label Use of Anticonvulsants

Health & Recovery Services Administration
August 1, 2005

The Washington State Drug Utilization Review (DUR) Board approved the following prior authorization criteria for the off-label use of anticonvulsants at their June 15, 2005 meeting. These criteria have been developed by the Mental Health Stakeholders' workgroup consisting of physicians, pharmacists, patient advocates and drug manufacturers' representatives. The criteria have been established by review of the literature by the workgroup and are supported by good quality evidence.

Name of Anticonvulsant	Prior authorization criteria for Off-labeled Use (Indication)
Gabapentin (Neurontin®)	1) Agitation associated with dementia • Must have tried and failed a trial with trazodone, benzodiazepines, and antipsychotic; or where those drug classes are contraindicated 2) Alcohol and Substance withdrawal • May be used in patients with active pancreatitis or liver failure when benzodiazepines have failed or are contraindicated 3) Primary disorder of anxiety • May be used if patient has concurrent substance abuse/addiction; and • The patient has tried and failed SSRIs or lesser cost agents such as carbamazepine, and/or valproate; unless • The patient has fear of needle sticks necessary to monitor carbamazepine 4) Neuropathic pain conditions

	• (see the Treatment Guideline for Antiepileptic Drugs for Neuropathic Pain developed by L&I with the help of a pain specialists workgroup)
Topamax®	Metabolic Disorder***** • Caused or worsened by antipsychotics such as clozapine, olanzapine, quetiapine, aripiprazole or risperidone and • Patient is unable to switch to another anti-psychotic, and • Documented failed trials with other attempts at weight reduction.

***The 2005 International Diabetes Federation (IDF) Definition of the Metabolic Syndrome:**

According to the new IDF definition, for a person to be defined as having the metabolic syndrome, they must have:

Central obesity (defined as waist circumference >/= 94 cm for Europid men and >/= 80 cm for Europid women, with ethnicity specific values for other groups)

plus any 2 of the following 4 factors:

- Raised TG level: >/= 150 mg/dL (1.7 mmol/L), or specific treatment for this lipid abnormality
- Reduced HDL-cholesterol: < 40 mg/dL (1.03 mmol/L) in men and < 50 mg/dL (1.29 mmol/L) in women, or specific treatment for these lipid abnormalities
- Raised BP: systolic BP >/= 130 or diastolic BP >/= 85 mm Hg, or treatment of previously diagnosed hypertension
- Raised fasting plasma glucose: FPG >/= 100 mg/dL (5.6 mmol/L), or previously diagnosed type 2 diabetes

If above 5.6 mmol/L or 100 mg/dL, an OGTT is strongly recommended, but is not necessary to define the presence of the syndrome.

TG = triglycerides; HDL = high-density lipoprotein; FPG = fasting plasma glucose; OGTT = oral glucose tolerance test

For more information regarding anticonvulsants used for mental health, please view the following website:
http://MAAwebstage.dshs.wa.gov/pharmacy/MHworkgroup/mentalhealth.html